

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000096368**

1. Corporation Name

PREMIER DESTINATIONS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1717 N. BAYSHORE DRIVE
SUITE 110
MIAMI FL 33132

1717 N. BAYSHORE DRIVE
SUITE 110
MIAMI FL 33132

Handwritten signature/initials

REINSTATEMENT 2003

100024070194
10/24/03--01016--017 **758.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0957546

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARTINEZ, AMAURY	1717 N. BAYSHORE DRIVE	MIAMI FL 33132
D	GRAHAM, GEORGE JR.	1717 N. BAYSHORE DRIVE	MIAMI FL 33132

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ, AMAURY

1717 N. BAYSHORE DRIVE

SUITE 110

MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Handwritten signature of George Graham Jr.

Date **10/31/03**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Handwritten signature of George Graham Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03 (305) 373-5733
Date Daytime Phone #

CR2E040 (7/03)